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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/743 532 **Application Number CHANGE OF** 12-22-2003 CORRESPONDENCE ADDRESS Filing Date CENTRAL FAX CENTER Application Meir Strahilevitz First Named Inventor MAY 311 2005 3762 Art Unit Address to: Commissioner for Patents Bianco, Patricia **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 5123 **Attorney Docket Number** Please change the Correspondence Address for the above-identified patent application to: The address associated with 001688 Customer Number: OR Firm or Individual Name Address State City Zip Country Fax Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 24,739 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed J. Philip Polster Name Telephone 314.238.2400 2-7-05

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